

09-20-02

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2700 First Indiana Plaza
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Indianapolis, Indiana 46204

25267

PATENT & TRADEMARK OFFICE

PATENT APPLICATION

Applicant: Eckstein et al.
 Serial No.: 10/085,966
 Filing Date: February 28, 2002
 Title: HYDRAULIC CONTROL APPARATUS FOR A HOSPITAL BED
 Group: 3754
 Examiner: Keasel, Eric S.
 Attorney Docket No.: 8266-0823

Box Non-Fee Amendment
 COMMISSIONER FOR PATENTS
 WASHINGTON, D.C. 20231

Dear Sir:

Transmitted herewith is a response in the above-identified application:

The fee has been calculated as shown below:

CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	NUMBER EXTRA	RATE	FEE
TOTAL CLAIMS (37 C.F.R. 1.16(c))	8	19	0	\$18	\$0
INDEPENDENT CLAIMS (37 C.F.R. 1.16(b))	2	4	0	\$84	\$0
If applicant has small entity status under 37 C.F.R. 1.9 and 1.27, then divide total fee by 2, and enter amount here.			SMALL ENTITY TOTAL	NO	\$0
TOTAL FEE FOR ADDITIONAL CLAIMS					\$0

*If the "Highest Number Previously Paid For" in this space is less than 20, write "20" in this space.

**If the "Highest Number Previously Paid For" in this space is less than 3, write "3" in this space.

_____ An Extension of Time for _____ month(s) is hereby requested
 under 37 C.F.R. 1.136(a). The required fee for filing this extension is: _____

_____ Information Disclosure Statement _____

TOTAL FEE FOR THIS AMENDMENT

\$0.00

X A check in the amount of \$0.00 to cover the total fee for this
 amendment is attached.

The Commissioner is hereby authorized to charge any additional filing fees under 37 C.F.R. 1.16 or processing fees under 37 C.F.R. 1.17 which may be required during the prosecution of this application, or credit of any overpayment, to Rose McKinney & Evans LLP's Deposit Account No. 02-3223. A duplicate copy of this sheet is enclosed.

 Attorney of Record
 Printed Name: Robert D. Null
 Registration No.: 40,746